

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040925
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED NOV 13 1962

1003

10438

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Missouri

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

St. Louis

Length of stay in 1b

12 Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Hosp. Inc.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Illinois

b. COUNTY Sangamon

Inside Limits

Yes ☒ No ☐

c. CITY OR TOWN

Springfield

d. STREET ADDRESS

(If outside, give location)

1306 No. 6th. St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Alex

Middle

Albert

Last

Zukas

4. DATE OF DEATH

Month

Day

Year

October 30, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-14-1906

9. AGE (last birthday)

57

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bagageman

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and state or country)

Maryville, Ill.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

John Zukas

13b. MOTHER'S MAIDEN NAME

Rose (Unknown)

14. NAME OF HUSBAND OR WIFE

Andrienne

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Andrienne Zukas, Springfield, Ill.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cirrhosis of liver

DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

5810

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Oct. 19, 1962

to Oct. 30, 1962

and last saw him alive on 10-30-1962

Death occurred at 9:00 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

D. U. Boyd

(Degree or title)

M.D.

22b. ADDRESS

1755 So. Grand Blvd.

22c. DATE SIGNED

10/30/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

11-2-62

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

Springfield, Ill.

24. FUNERAL DIRECTOR

ADDRESS

Kirlin & Egan Funeral Home, Springfield, Ill.

25. DATE RECD. BY LOCAL REG.

OCT 31 1962

26. REGISTRAR'S SIGNATURE

Road Smith. M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Harvey Kahle

Licensed Embalmer No. 4596

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.